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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Pine County Gila No. St.

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number* in order of birth
Male			
DATE OF BIRTH* <u>Feb</u> <u>3</u> , 19 <u>23</u>			
(Month) (Day) (Year)			
FULL* NAME		FATHER	
<u>Frank Elroy Hunt</u>			
FULL* MAIDEN NAME		MOTHER	
<u>Donnetta Lupkin</u>			

I HEREBY CERTIFY that the child described herein has
been named

Albert Lupkin Hunt
(Give name in full) (Surname)

Donnetta L. Hunt
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.
Blank supplemental reports of birth may be obtained from the local registrar.

SM 6-1-38

193-203-435